**Department of Mental Health and Mental Hygiene**
**Baltimore City TCE Program for Substance Abuse Treatment and HIV/AIDS Services**
**Baltimore, Maryland**
**TI14530**


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**B&D ID**
21602

## PROJECT DESCRIPTION

**Expansion or Enhancement Grant—**Enhancement

**Program Area Affiliation—**Criminal Justice and Women

**Congressional District and Congressperson—**Maryland 7; Elijah E. Cummings, Baltimore

**Public Health Region—**III

**Purpose, Goals, and Objectives—**The purpose of the proposed project is to enhance current services to address both substance abuse and HIV infection. The additional services will provide a system of care for HIV positive and at-risk HIV negative individuals identified through the drug court program. Specific program goals are delineated. Goal 1 is to identify substance abusers who are HIV positive, injection drug users, and high-risk women. Goal 2 is to enhance current services to include HIV/AIDS medical care, primary medical care, prevention services, and a variety of psychosocial support services. Goal 4 is to compare the effects of the enhanced comprehensive substance abuse/HIV treatment and prevention program with the effects of standard drug court treatment. (abstract; pages 3–4)

**Target Population—**The targeted population will be identified through the Baltimore City Drug Court program and will include substance abusers who are HIV positive, injection drug users, and high-risk women such as commercial sex workers, partners of IDUs, and persons with multiple partners. (abstract; page 9)

**Geographic Service Area—**Persons residing in Baltimore City. (abstract)

**Drugs Addressed—**All non-intravenous and intravenous substances and alcohol. (abstract; page 9)

**Theoretical Model—**The theoretical model employed by the proposed program involves intensive case management and the provision of additional medical and psychological services that meet the specific needs of the individual. This theoretical approach is based on current research that shows that effective substance abuse treatment involves intensive and personalized attention provided to the individual and support services that meet the specific needs of the individual. (page 8)

**Type of Applicant—**State agency (cover page)

## SERVICE PROVIDER STRUCTURE

**Service Organizational Structure—**The AIDS Administration is the primary oversight organization for the program. The program will be linked to a network of health providers through the Healthcare for the Homeless (HCH) program. A team of individuals who represent the various centers within the AIDS Administration and HCH will manage the program. The management team has extensive knowledge and experience in prevention, health services, and evaluation and grant administration. The AIDS Administration will provide leadership to the management team. The AIDS Administration receives prevention, health services, and surveillance funding; the majority of these funds are funneled to local health departments,

medical and social service providers, and community-based organizations to provide direct health and prevention services for people with and at risk for HIV. (abstract; pages 19–23)

**Service Providers—**The AIDS Administration will provide administrative and programmatic oversight for the program. It will work directly with HCH to link clients to services. HCH is one of the largest health and social service providers in Baltimore City. It is a non-profit, comprehensive primary care agency providing a variety of services to substance abusers, people with mental illness and the homeless. The Maryland Drug Court program will refer individuals in need of substance abuse services to the program. Baltimore Substance Abuse Systems, Inc. (BSAS) is the public agency responsible for administering addiction treatment services in Baltimore. The Maryland Alcohol and Drug Abuse Administration (ADAA) provides oversight for the planning, funding, and programmatic monitoring of substance abuse programs in Maryland. (abstract; pages 20–23)

**Services Provided—**HCH offers a comprehensive continuum of HIV services that includes primary and secondary prevention education, outreach and health education, primary care, on-site mental health services, intensive case management, and advocacy. Other services to be provided include comprehensive assessment and case management, methadone maintenance, medical care, mental health care, addiction and social services, counseling, risk reduction interventions, housing, vocational services, educational services, and follow-up and aftercare services. (abstract; pages 8–11, 20–23)

**Service Setting—**A variety of service settings are available, from outpatient and inpatient settings to supervision and drug maintenance settings. (pages 8–11)

**Number of Persons Served—**The comprehensive program will serve a total of 100 clients in the first year of programming, and each year thereafter 120 clients will participate in the program for a total of 480 clients over the 5-year funding period. (page 13)

**Desired Project Outputs—**The desired outcomes are detailed in the goals and objectives described above. In summary, these include the enhancement of both substance abuse and HIV treatment and prevention services available to offenders referred by the drug court. (abstract; pages 3, 7)

**Consumer Involvement**—An evaluation advisory group (EAG) composed of consumers will be established to advise the evaluation manager on the incorporation of various important perspectives into the evaluation design, methods, analysis, and communications. The EAG will also provide consultation on the interpretation of evaluation results. (page 19)

## EVALUATION

**Strategy and Design—**The program evaluation involves process and outcome evaluation, as well as assessment of the interactions between interventions at the individual level. Both quantitative and qualitative strategies will be employed. The evaluation will involve randomized participant and comparison groups, pre- and post-test design. Assessment data will be collected at intake and 3-, 6-, 12-, and 15-month follow-up intervals. In addition, the GPRA tool will be administered at intake and 6- and 12-month follow-up intervals. (pages 12–13)

**Evaluation Goals/Desired Results—**The primary evaluation goals are delineated. Goa1 1 is to increase the percentage of drug court participants who are drug free and stable. Goal 2 is to increase the number and percentage of HIV-infected drug court participants who know their serostatus and are linked to HIV care and treatment. Goal 3 is to support access to health and prevention services to reduce risks for transmitting HIV infection or becoming infected, and to counsel and provide support for behavioral risk reduction. The primary objective is to compare the effects of the proposed program to the standard drug court substance abuse program. (pages 11, 15–17)

**Evaluation Questions and Variables—**Quantitative strategies will focus on statistical analysis of demographics, substance abuse and treatment indicators, HIV clinical indicators and prevention service measures, changes in behaviors, risks, employment status, housing status, and treatment outcomes. Quantitative strategies will focus on progress made in individual risk reduction plans and interviews of program participants or staff to measure program improvement. (pages 12–14)

**Instruments and Data Management—**The following instruments will be used in the evaluation: GPRA, Addiction Severity Index, Level of Service Inventory—Revised, Prevention for HIV Positive instrument, and Alcohol Abstinence Self-Efficacy Scale. Additional data will be collected from urinalysis records, PCM assessments, HCH records, drug court records, probation and parole records, medical records, and mental health records. Data analysis will consist of descriptive analysis, multivariate analysis, multiple regression, and comparisons of indicators using general estimating equations. (pages 5, 13–14, 18)